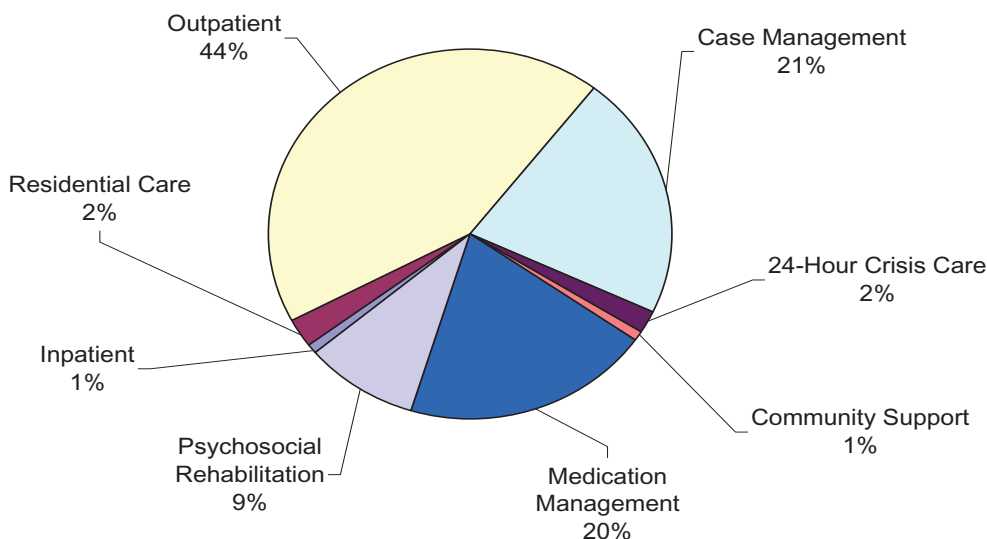




Children & Young Adult Mental Health Services

For children and youth, the majority of mental health services are provided in outpatient clinics. These services include case management, medication management, crisis counseling, skill development, behavior training, and individual and group therapy. All programs are designed to provide treatment for mental illnesses, to develop resiliency, and to facilitate recovery by using system of care core values.

**Percentage of Youth/Children
Receiving each Type of Program/Service**
Fiscal Year 2005



UTAH TRANSFORMATION CHILD AND ADOLESCENT NETWORK (UTCAN)

UTCAN, supporting the goals of the President's New Freedom Commission on Mental Health Report, is designed to transform the infrastructure of mental health and substance abuse treatment for children. The transformation outcomes will include improvements in clinical practice, technology and data, finance and system integration structure, and American Indian services. Currently, the Division of Substance Abuse and Mental Health (DSAMH) is working with all of the local mental health authorities and other community providers to assist with local transformation efforts.

Fiscal Year 2005 Quick Facts

- 13,378 children have received mental health services.
- Attention Deficit Hyperactivity Disorder (ADHD) is the most reported primary diagnosis.
- 32% of children and young adults admitted to an inpatient unit have a depressive disorder.
- Consumer Satisfaction Surveys report a 75% satisfaction rate for children and young adult mental health services (2005 DSAMH Annual Report)
- Among children and young adults, males age 19 to 21 and females age 16 to 18 are the most likely to commit suicide (Utah Department of Health)
- Nationally, nearly 59% of all adolescents receiving mental health services have a co-occurring substance use disorder. (www.nmha.org/children/justjuv/co_occurring_factsheet.cfm)

PROJECT RECONNECT

Project RECONNECT is a comprehensive transition program (operating in counties in the northern and far southern parts of the state) for youth and young adults with serious mental illness. Below are some of the most significant outcomes for 2005:

- 81% decrease in suicide attempts
- 71% reduction in psychiatric hospitalizations
- 67% decrease in homelessness
- 53% increase in full-time employment
- 47% increase in part-time employment
- 50% increase in post-secondary education
- 82% reduction in criminal activity, with a 100% reduction in arrests

FAMILY AND YOUTH COUNCILS

DSAMH in partnership with NAMI (National Alliance for the Mentally Ill) is developing statewide family and youth action councils. These councils will assist DSAMH in defining policy and implementing child and family focused treatment services. For information regarding participation on a local or state Family or Youth Council, please contact NAMI at 801-323-9900.

CORE PRINCIPLES

In the Pediatric Unit at DSAMH, we are focusing on developing, supporting, and sustaining programs that foster recovery by using a system of care framework for children, adolescents, and young adults who are at risk for developing serious emotional disorders or severe mental illness. The core principles for system of care work include the following:

Child-centered: Services are planned to meet the individual needs of the child, rather than to fit the child into an existing service. Services build on the strengths of the child and family to meet the mental health, social, and physical needs of the child.

Family-focused: As the primary support system of the child, the family participates as a full partner in all stages of the decision-making and treatment planning process including implementation, monitoring, accountability, and evaluation.

Community-based and Least Restrictive/Least Intrusive: Whenever possible, services are delivered in the child's home community, drawing on formal and informal resources to promote the youth's successful participation in the community. Services occur in settings that are the most appropriate and natural while still meeting the needs of the child and family.

Culturally Competent: Services that are culturally competent are provided by those who have the skills to recognize and respect the behavior, ideas, attitudes, values, beliefs, customs, language, rituals, ceremonies, practices, and characteristics of a particular group of people, including those specific to a family unit.